

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MG</i>		4/24/00
O.I.P.E. CLASSIFIER		43	4/27/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>SB</i>	5022	6-26-00

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	
1	4/18/04
2	✓
3	✓
4	0
5	0
6	0
7	0
8	0
9	✓
10	✓
11	✓
12	0
13	✓
14	✓
15	✓
16	✓
17	✓
18	0
19	✓
20	✓
21	✓
22	✓
23	0
24	0
25	0
26	0
27	0
28	✓
29	✓
30	0
31	✓
32	✓
33	✓
34	✓
35	✓
36	✓
37	✓
38	0
39	✓
40	0
41	✓
42	✓
43	✓
44	✓
45	0
46	✓
47	0
48	✓
49	✓
50	✓

Claim	Date
Final Original	
51	4/18/04
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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